

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2017
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NAME OF PROVIDER OR SUPPLIER

ASBURY PLACE AT KINGSPORT

STREET ADDRESS, CITY, STATE, ZIP CODE

100 NETHERLAND LANE
KINGSPORT, TN 37680

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157 SS=G	<p>483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment</p>	F 157	<p>F157</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Physician notified of weight loss of resident #114 on January 26, 2017, with no new orders at that time. Physician visited with resident on 2/15/17. New nutritional interventions ordered.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>All residents' charts reviewed for weight loss that would trigger physician notification under the facility policy for significant weight loss and confirmation that physician was notified. Review of weights and notifications completed on 2-16-17.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charlotte D. Cochran 2-17-17

TITLE

Administrator

2-17-17

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 157	<p>Continued From page 1 as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to notify the physician of a significant weight loss for 1 resident (#114) of 3 residents reviewed for nutrition, of 45 sampled residents reviewed, resulting in an 18.8 pound (10.6%) weight loss in 21 days (harm) for Resident #114.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #114 was admitted to the facility on 1/4/17 with diagnoses including Pneumonia, Clostridium difficile, Colitis, Hypertension, Cognitive Impairment, Hyperlipidemia, and Percutaneous Endoscopic Gastrostomy (PEG tube- tube surgically placed in the stomach to provide nutrition when oral intake is not adequate).</p> <p>Medical record review of the resident's weights revealed the following: 1/4/17: 176.8 pounds (lbs) 1/5/17: 176.8 lbs 1/7/17 175.4 lbs 1/23/17: 169 lbs (17.8 lb [10%] loss in 19 days) 1/25/17: 158 lbs (18.8 lb [10.6%] loss in 21 days)</p> <p>Medical record review of the Physicians</p>	F 157	<p>What measures will be put in to place or what systemic changes will you make to ensure that the deficient practice does not recur:</p> <p>Policy and procedure for weight loss and physician notification reviewed and updated on 2-14-17. Weight report is reviewed weekly by NHA or designee. The DON or designee will notify the physician of significant weight loss and will receive and implement any physician orders. RNs and LPNs have been educated regarding physician notification of significant weight loss. Documentation of training is being maintained at the community.</p>		

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F 157	Continued From page 2 Recapitulation orders dated January 2017, revealed "...weigh resident every one day for three days starting 1/8/17..." Interview with the Registered Dietician (RD) on 1/25/16 at 12:44 PM, at the Nurses Station, revealed "...his [resident's] weight on 1/23/17 was 159 pounds which is a severe weight loss..." Telephone interview with the resident's physician on 1/25/17 at 3:10 PM revealed "...this is the first I have heard about this weight loss... the facility had told me back some time ago he had some weight loss but not this acute loss..." Further interview confirmed "...if an issue with the weights comes up they should call me...they did not call me..."	F 157	How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place: NHA or designee will audit the medical record of residents with significant weight loss to ensure attending physician has been notified. Audits will be performed weekly x 8, biweekly x 4. Results will be reported to Quality Assurance/Performance Improvement Committee monthly.	2/16/17	
F 176 SS=D	Refer to F325 483.10(c)(7) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE (c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure 1 resident (#148) was assessed for self-administration of a medication, of 4 residents observed for medication administration. The findings included: Medical record review revealed Resident #148 was admitted to the facility on 1/17/17 with diagnoses including Hernia Repair and	F 176	F 176 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #148 was discharged to home on 02/04/17.		

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KINGSPORT, TN 37660

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F 176

Continued From page 3
Dyslipidemia.

Medical record review of a Physician's
Recapitulation orders dated 1/17/17 revealed,
"...Albuterol [type of breathing
treatment]...Nebulization...every four hours
starting 1/17/17..." Further review revealed no
order or assessment for the resident to
self-administer medications.

Observation of Licensed Practical Nurse (LPN)
#1 during medication administration on 1/24/17 at
8:10 AM, in Resident #148's room, revealed the
LPN placed a breathing treatment mask around
the resident's mouth and left the room, while the
treatment continued to be administered.

Interview with LPN #1 on 1/24/17 at 9:34 AM, at
the nurse's station, confirmed the resident had
not been assessed for self-administration of
medications prior to self-administration.

F 273
SS-G

463.20(b)(2)(i) COMPREHENSIVE
ASSESSMENT 14 DAYS AFTER ADMIT

(b)(2) When required. Subject to the timeframes
prescribed in §413.343(b) of this chapter, a facility
must conduct a comprehensive assessment of a
resident in accordance with the timeframes
specified in paragraphs (b)(2)(i) through (iii) of
this section. The timeframes prescribed in
§413.343(b) of this chapter do not apply to CAHs.

(i) Within 14 calendar days after admission,
excluding readmissions in which there is no
significant change in the resident's physical or
mental condition. (For purposes of this section,
"readmission" means a return to the facility
following a temporary absence for hospitalization)

F 176

How you will identify other
residents having the potential
to be affected by the same
deficient practice and what
corrective action will be taken:

All residents receiving
medications via nebulizer have
been identified and assessed
for the ability to self-administer
medication. Residents deemed
competent to self-administer
medications via nebulizer have
received education on the
components of the task.
Residents will be reassessed
quarterly or with a significant
change in condition.

2-16-17

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F 273	<p>Continued From page 4 or therapeutic leave.) This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to complete timely Minimum Data Set (MDS) assessments for 2 residents (#114 and #146) of 45 sampled residents. The facility's failure to complete the MDS assessments resulted in a failure to identify a significant weight loss of 18.8 pounds (10.6%) in 21 days (harm) for Resident #114.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #114 was admitted to the facility on 1/4/17 with diagnoses including Pneumonia, Clostridium difficile, Colitis, Hypertension, Cognitive Impairment, Hyperlipidemia, and Percutaneous Endoscopic Gastrostomy (PEG tube- tube surgically placed in the stomach to provide nutrition when oral intake is not adequate).</p> <p>Medical record review revealed there was not a 5 day MDS assessment (due 1/8/17) or a 14 day MDS assessment (due 1/18/17) available in the medical record.</p> <p>Medical record review of the resident's weights revealed the following: 1/4/17: 176.8 pounds (lbs) 1/5/17: 176.8 lbs 1/7/17: 175.4 lbs 1/23/17: 159 lbs (17.8 lb [10%] loss in 19 days) 1/25/17: 158 lbs (18.8 lb [10.6%] loss in 21 days)</p> <p>Interview with the MDS coordinator on 1/24/17 at 2:17 PM, in the MDS office, confirmed Resident #114's MDS 5 day and 14 day assessments were</p>	F176 F-273	<p>What measures will be put in to place or what systemic changes will you make to ensure that the deficient practice does not recur:</p> <p>Policy for self-administration of nebulized medications reviewed and updated 2-16-17. RNs and LPNs have been educated regarding the policy and procedure for the self-administration of medication. Documentation of the training is being maintained at the community.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place:</p>	2-16-17	

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F 273	<p>Continued From page 5</p> <p>not completed. Continued interview confirmed "...No, I haven't done it yet..."</p> <p>Interview with the Director of Nursing (DON) on 1/25/17 at 3:22 PM, in the private dining, confirmed if the facility had completed the MDS as scheduled, the severe weight loss loss would have been identified prior to 1/25/17.</p> <p>Medical record review revealed Resident #145 was admitted to the facility on 1/7/17 with diagnoses including Acute on Chronic Diastolic Congestive Heart Failure, Stage 4 Renal Failure, Acute Urinary Retention, Acute on Chronic Respiratory Failure with Hypoxia, Bilateral Pneumonia, Paroxysmal Atrial-Fibrillation, Hypertension, Dementia, and Sacral Wound.</p> <p>Medical record review revealed there was not a 5 day MDS assessment (due 1/12/17) or a 14 day MDS assessment (due 1/21/17) available in the medical record.</p> <p>Interview with the MDS coordinator on 1/24/17 at 3:24 PM, in the MDS office, confirmed the 5 day and the 14 day MDS assessment for Resident #145 was not completed. Further interview confirmed "...I'm behind..."</p>	<p>F 273 F176</p> <p>F273</p>	<p>DON or designee will audit on weekly basis residents receiving nebulized medications to ensure assessment and education has been completed. Audits will be weekly x 4 and monthly x 2. Results will be reported to Quality Assurance/Performance Improvement Committee monthly.</p> <p>F273</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>MDS assessments completed by the MDS Coordinator for residents #114 and #145 on 1-24-17.</p>		
F 325 SS=G	<p>See F325</p> <p>483.25(g)(1)(3) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and</p>	F 325			

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F 325	<p>Continued From page 8</p> <p>enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, observation, and interview, the facility failed to identify and implement interventions for a significant weight loss for 1 resident (#114) of 3 residents reviewed for nutrition, of 46 sampled residents reviewed. The facility's failure to identify and implement interventions resulted in an 18.8 pound (10.6%) weight loss in 21 days (harm) for Resident #114.</p> <p>The findings included:</p> <p>Review of facility policy Weight Management last revised on 1/1/17 revealed "...the interdisciplinary Team [IDT] will coordinate carefully to ensure proper weight management for all residents...[1] each resident will be weighed upon admission, the following 2 days, then weekly or monthly as directed by the IDT in coordination with the physician...[2] the weights will be documented in the medical record and periodically reviewed by the IDT...[3] each resident's care plan will address significant weight changes...[4] any</p>	<p>F-325 F27B</p>	<p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>MDS assessment report reviewed for all residents on 1-25-17 by MDS coordinator with ongoing daily review. NHA reviewed the MDS assessment report on 2-14-17 and confirmed all MDS completed. All MDS assessments are current as of 2-17-17.</p> <p>What measures will be put in to place or what systemic changes will you make to ensure that the deficient practice does not recur:</p> <p>The NHA or designee will review the MDS Schedule weekly to assure that all MDS' are completed in a timely manner.</p>	<p>2-17-17</p>

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F 325

Continued From page 7
significant weight change will be addressed by the IDT, to include the Registered Dietician (RD)..."

Medical record review revealed Resident #114 was admitted to the facility on 1/4/17 with diagnoses including Pneumonia, Clostridium difficile, Colitis, Hypertension, Cognitive Impairment, Hyperlipidemia, and Percutaneous Endoscopic Gastrostomy (PEG tube- tube surgically placed in the stomach to provide nutrition when oral intake is not adequate).

Medical record review of the resident's weights revealed the following:
1/4/17: 176.8 pounds (lbs)
1/5/17: 176.8 lbs
1/7/17 175.4 lbs
1/23/17: 159 lbs (17.8 lb [10%] loss in 19 days)
1/25/17: 158 lbs (18.8 lb [10.6%] loss in 21 days)

Medical record review of a Nurse's Note dated 1/4/17 at 5:45 PM revealed "...has a PEG tube, placed yesterday...tube feedings continuously, and advancing slowly to 75 cc/hr...weight 176.8 pounds..."

Medical record review of the resident's Care Plan dated 1/4/17 revealed "...keep head of bed elevated...provide enteral feedings as ordered...dietary consult as needed..."

Medical record review of the Physicians Recapulation orders dated January 2017, revealed "...Diet: tube feeding...at 30 cc [cubic centimeters]/hr [per hour]...continuous starting 1/5/17...weigh resident every one day for three days starting 1/5/17..."

F-325

F273

Policy and procedure for MDS assessment reviewed. MDS coordinator has been reeducated on schedule and requirements by the corporate Director of Quality Assurance on 2/15/17. Documentation of the training is being maintained at the community.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place:

MDS schedule report will be reviewed weekly x 12 weeks by the NHA or designee. Results will be reported to Quality Assurance/Performance Improvement Committee monthly.

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F 325	<p>Continued From page 8</p> <p>Medical record review of a Physician's progress note dated 1/5/17 revealed "...recently hospitalized with sepsis, dehydration, and respiratory failure with hypoxia...while in the hospital he was not eating or taking adequate nutrition or fluids so a PEG tube was inserted for nutritional support..."</p> <p>Medical record review of a Nutritional Assessment dated 1/6/17, with no time, revealed "...diet order: Puree...supplements: none; meal intake: 0% today r/t [related to] being out of it..." Further review revealed "...height 72" [inches]...weight: 177 pounds...IBW [Ideal Body Weight]: 178 lbs...chewing/swallowing difficulty yes, PEG tube..." Further review revealed "...tube feeding order: [tube feeding] @ 75 ml/hr [milliliters per hour] with 30 ml/hr flush..." Further review revealed "...pt. [patient] at TF [tube feeding] goal tolerating well. Current TF providing 82% of estimated needs to promote wound healing. Pt also on Pureed diet, but hasn't been alert enough to eat today. Altered GI [gastrointestinal] function r/t advanced age also pureed diet, need for TF..." Further review revealed "...recommend continue [tube feeding] at 75 ml/hr with 30 ml water flush. Will follow to see if intake of pureed diet is sufficient to supplement TF intake..."</p> <p>Medical record review of a Nurses Note dated 1/10/17 at 8:40 AM revealed "...abdomen soft and non-tender...T/F ongoing as ordered. Tube feeding placement checked by auscultation...0 [no] residual noted..."</p> <p>Medical record review of a Physician's Office Visit Note dated 1/11/17 at 12:24 PM, revealed "...seen today per nursing request. Patient is currently on</p>	F 325	<p>F325</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident # 114 identified with weight loss. Weight continues to fluctuate: 1/30/17 - 158.4 pounds; 2/6/17 - 164.8 pounds; 2/13/17 - 153.2; and 2/15/17 - 154.0 pounds. Physician contacted on 1/26/17 with no new orders at that time. Physician visited with resident on 2/15/17. New nutritional interventions ordered at that time and implemented.</p>	

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F 326	<p>Continued From page 9</p> <p>Vancomycin [antibiotic] for C-Diff [Clostridium difficile infection causing diarrhea]...recently hospitalized with sepsis, dehydration, respiratory failure with hypoxia, PNA [pneumonia], and mental status changes..." Further review revealed "...physical exam: general, well developed, well nourished, alert and frail...abdomen; normal bowel sounds, non-tender, no abdominal mass palpated, soft PEG tube in place..." Further review revealed "...diet: puree and tube feedings..."</p> <p>Medical record review of the Interdisciplinary Team (IDT) report dated 1/11/17 revealed the resident's tube feedings and weights was not discussed.</p> <p>Medical record review of a Nurses Note dated 1/13/17 at 10:10 AM revealed "...feeding via peg tube pump at 75 cc/hr, check for residual..."</p> <p>Medical record review of a Nurses Note dated 1/15/17 at 11:44 PM revealed "...T/F [tube feeding] placement checked by auscultation with 0 residual noted. T/F running as ordered..."</p> <p>Medical record review of a Speech Therapy (ST) note dated 1/16/17 at 6:32 PM revealed "...patient seen with continuous feeds turned off to promote appetite...tolerated puree and NTL [nectar thick liquids] with no overt s/s [signs and symptoms] of aspiration, fatigue, or respiratory decline..."</p> <p>Medical record review of the IDT report dated 1/18/17 revealed the resident was not discussed in the meeting related to the tube feedings or weights.</p> <p>Medical record review of a Speech Therapy note</p>	F 325	<p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>The weight log was reviewed on 2-16-17 to identify residents triggering for physician notification and nutritional interventions implemented as indicated.</p> <p>What measures will be put in to place or what systemic changes will you make to ensure that the deficient practice does not recur:</p> <p>Policy and procedure for significant weight loss reviewed 2/14/17 Weight report is reviewed weekly by the Registered Dietitian to ensure that the nutritional Plan of Care meets resident's needs. RNs and LPNs have been educated regarding policy and procedure for significant weight loss. Training documentation is being maintained at the community.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2017
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NAME OF PROVIDER OR SUPPLIER

ASBURY PLACE AT KINGSPORT

STREET ADDRESS, CITY, STATE, ZIP CODE

100 NETHERLAND LANE
KINGSPORT, TN 37660

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F 325	<p>Continued From page 10</p> <p>dated 1/20/17 at 1:35 PM revealed "...patient agreed to sit upright for meal...patient then set up and tolerated puree diet with no overt s/s of aspiration...ate approximately 50% of meal. Patient's daughter called from out of town...discussed plan for...bolus feeds vs. continuous feeding..."</p> <p>Medical record review of a Nurses Note dated 1/23/17 at 11:29 PM revealed "...patient does have TF running as ordered. 0 residual noted by aspiration. Placement checked by auscultation..."</p> <p>Observation on 1/25/17 at 12:30 PM, in the resident's room, revealed the resident was lying on the bed and the tube feeding was turned off.</p> <p>Interview with the Registered Dietitian (RD) on 1/25/17 at 12:44 PM, at the Nurses Station, revealed "...the resident is on continuous tube feedings at 75 ml/hr...we have advanced him to a puree diet and ST said he was only eating 25% of his meal...his weight on 1/23/17 was 159 pounds which is a severe weight loss...I would normally ask for a re-weigh if I saw this drastic weight loss but he is out of the building now at a doctor's appointment..."</p> <p>Interview with Licensed Practical Nurse (LPN) #3 on 1/25/17 at 2:30 PM, at the Magnolia Nurse's Station, revealed "...we have weekly IDT meetings and discuss residents with weight loss...we had not discussed this resident for weight loss..."</p> <p>Interview with the RD on 1/25/17 at 2:35 PM, in the conference room, revealed "...during my first evaluation I wanted to make sure the resident was stable and I was not 100% sure what the</p>	F 325	<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place:</p> <p>Weekly weight report will be reviewed by DON or designee to identify significant weight losses. Audit will be conducted by the DON or designee to determine that interventions are in place to meet the resident's needs. Significant weight changes will be discussed in the Interdisciplinary Nutrition at Risk Meeting weekly. Results will be reported to Quality Assurance/Performance Improvement Committee monthly.</p>	2/16/17

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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660		
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F 325	<p>Continued From page 11</p> <p>resident needed as far as supplemental feedings [versus] continuous feedings...I wanted to establish a baseline for the resident..." Further interview revealed "...my understanding was the tube feedings were being stopped prior to meals to see if the patient could eat and until the ST saw the patient...I was made aware of this [the tube feedings being stopped for meals] last week..." Further interview revealed "...I asked for a re-weigh on 1/16/17 but I was never told if the weight was done or what the weight was...I did not write for the tube feedings to be held, it may have been the ST...I am not sure how long this had been going on..." Further interview revealed "...his weight on 1/23/17 was 159 pounds and revealed a severe weight loss...I did not see the weight until today..." Continued interview revealed "...the IDT meets weekly but I do not remember discussing the patient related to weight loss or tube feedings...the weight on 1/16/17 would have certainly established a baseline for any weight loss..."</p> <p>Telephone interview with the resident's physician on 1/25/17 at 3:10 PM revealed "...this is the first I have heard about this weight loss...the facility had told me back some time ago he had some weight loss but not this acute loss..." Further interview revealed "...he has dementia and had some infections which were being treated with antibiotics...he has a PEG tube with tube feedings ordered...the RD and ST have been following him..." Continued interview revealed "...I do have input related to the tube feedings...we were trying to get him to 75 cc/hr and add a puree diet to see if he could eat..."</p> <p>Interview with the Director of Nursing on 1/25/17 at 3:22 PM, in the private dining room, revealed</p>	F 325			

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F 325	Continued From page 12 "...I was not made aware of the tube feeding being stopped prior to meals until today...If I had known this I would have certainly evaluated the situation more closely to see what needed to be done..." Further interview revealed "...if the tube feedings were being held at any time there should be documentation by the ST, the RD, and the nurses related to when the feedings were stopped, why they were stopped, when they were started back, but there is no documentation..." Further interview revealed "...apparently the ST had asked the feedings to be stopped prior to meals to see how much residual was in the tube feedings...the nurses note indicated no residual..." Further interview revealed "...I do not remember the weights for the resident being discussed in the IDT...the RD is instrumental in addressing weight loss..." Continued interview revealed "...I was not aware the RD had asked for a re-weigh on 1/16/17..." Further interview confirmed the tube feedings were withheld without a physician's order, the weight of 159 pounds (17.8 pound loss) on 1/23/17 was not addressed by the facility until 1/25/17, and confirmed the facility failed to identify and implement interventions for a resident with a significant weight loss.	F 325			
F 441 SS=D	483.80(a)(1)(2)(4)(e)(i) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and	F 441	F441 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #80 remains free of signs and symptoms of infection and was not adversely affected by the handwashing practice. LPN #2 has been reeducated on the hand washing and glove use during medication administration. Documentation of the training is being maintained at the community.		

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NAME OF PROVIDER OR SUPPLIER ASSBURY PLACE AT KINGSFORT				STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSFORT, TN 37650			
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F 441	<p>Continued From page 13</p> <p>communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct</p>			F 441	<p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>Resident number 80 resides on Magnolia hall. LPN #2 works on Magnolia hall. 2-17-17 FDB Report in Vision pulled for anti-infective medications ordered for Magnolia hall from the date the error was made plus three days No antibiotics were ordered for residents residing on the hall that the error was made. Residents on Magnolia were not adversely affected by the handwashing practice.</p>		

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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660
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F 441	<p>Continued From page 14 contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation, and interview, the facility failed to follow standard infection control guidelines for hand hygiene during medication administration for 1 Resident (#80) of 6 residents observed of 45 residents sampled.</p> <p>The findings included:</p> <p>Review of facility policy Handwashing dated 1/1/17 revealed "...all personnel will follow the handwashing procedure to prevent the spread of infection and disease to other personnel, residents, and visitors..." Further review revealed "...wash hands before and after each resident contact...before and after using protective equipment used in Standard Precautions...whenever doubt of contamination..." Further review revealed "...using gloves does not replace handwashing/hand hygiene..."</p>	F 441	<p>What measures will be put in to place or what systemic changes will you make to ensure that the deficient practice does not recur:</p> <p>Hand washing/glove use during medication administration policies reviewed and updated. DON or designee educated RNs and LPNs regarding hand washing and glove use during medication administration. Documentation of the training is being maintained at the community.</p>	

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F 441	<p>Continued From page 15</p> <p>Observation of Licensed Practical Nurse (LPN) #2 on 1/25/17 at 8:25 AM, during a medication administration on the Magnolia Hallway, revealed the nurse donned gloves prior to administering medications to a resident. Further observation revealed the nurse dropped a medication pill on the floor, in the resident's room, picked the medication up from the floor and placed the medication on the table. Continued observation revealed the nurse administered 2 Subcutaneous injections to the resident, without changing gloves or sanitizing the hands.</p> <p>Interview with LPN #2 on 1/25/17 at 8:30 AM, on the Magnolia Hallway, confirmed the nurse failed to change the gloves and sanitize the hands after picking up a medication from the floor and prior to administering an injection to the patient.</p> <p>Interview with the Director of Nursing (DON) on 1/25/17 at 9:30 AM, in the private dining room, confirmed the facility failed to follow the facility policy for handwashing.</p>	F 441	<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place:</p> <p>DON or designee will perform random hand washing observations of RNs and LPNs during medication administration with a minimum of 5 per week x 4 weeks, then 2 per week x 4 weeks. Results will be reported to Quality Assurance/Performance Improvement Committee monthly.</p>	2/17/17